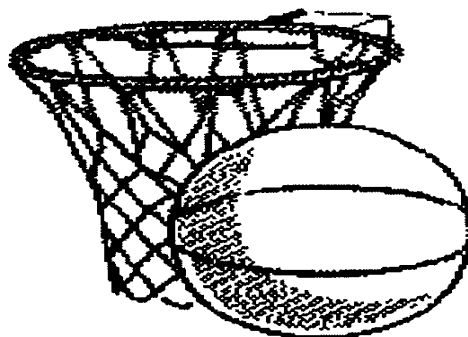




*Present*  
***CHALLENGER***  
***BASKETBALL***



2004 Registration Information  
*Don't miss out on all the Action!!!*

# Challenger Basketball

This program is for children with special needs

**REGISTRATION:** You can register in person or by mail! **If mailed in, your entry form must be accompanied by the entry fee.** For additional information, please call 764-3424.

In Mail / In Person: Central Park Office  
1000 Krenak Tap Rd.  
College Station, TX 77840

Registration will be accepted: January 20 – 30  
8:00 a.m. – 5:00 p.m. weekdays

**FEE:** \$5.00 for each child. Full scholarships are available.

**GRADE:** Children K-12<sup>th</sup> grade

**SEASON:** 4 Saturdays (February 7, 14, 21, 28) from 10:00am – 11:30am  
5 Tuesdays (February 3, 10, 17, 24) from 6:00 PM – 7:30 PM

**LOCATION:** College Station Middle School (900 Rock Prairie Road, College Station, TX 77845)

**LEAGUE  
FORMAT:** Format of the league will be tailored to the needs of the individuals. We will have activities to develop skills & advance towards games. **Wheelchairs, walkers, and crutches are welcome.**

**UNIFORMS:** T-shirts are provided for all participants.

**SPECIAL  
REQUESTS:** Please let us know of any special request that you have by indicating it on the attached registration form.

**HOW/WHEN  
WILL YOU BE  
CONTACTED:** A program representative will be in contact with you after registration is complete to give more information about practice and times. If you have not been contacted by Monday 2/02/04 then call the parks office at 764-3424.

**IF YOU HAVE  
QUESTIONS:** A program representative will be available for contact in most instances. You may also contact anyone from our Challenger Sports Committee: Ruth Vanoye 680-0122 (en Español), Becky Powell 694-0964, Lisa Olivieri 696-0958, or Robyn Battle 693-9151.

**STAFF:** Recreation Supervisor, David Hudspeth 764-3424  
Athletic Assistants, Shelby Smith 680-8631 or Laci Stephenson 361-0056

**COACHES/  
INSTRUCTORS:** The Challenger Sports Committee will be providing volunteers to help run the program and teach skills to the individuals. This year's volunteers are from PROJECT SUNSHINE.

<b>FUNDED BY:</b> This program is primarily funded by the Children's Miracle Network/Brazos Valley.
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# CHALLENGER SPORTS

## 2004 ENTRY FORM



*Please Fill Out Completely*

☐ **BASKETBALL**

☐ **BOWLING**

☐ **SOCCER**

**Fee \$5:** ☐ **Check here if full scholarship is needed.**

Child's First Name: \_\_\_\_\_ Last: \_\_\_\_\_ Nickname: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Sex: Male Female

Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_ School: \_\_\_\_\_

Both Parents' Name: \_\_\_\_\_

Mom's Day Phone: \_\_\_\_\_ Dad's Day Phone: \_\_\_\_\_

Night Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Mom's email: \_\_\_\_\_ Dad's email: \_\_\_\_\_

Alternate Person's Name \_\_\_\_\_

Day Phone: \_\_\_\_\_ Night Phone: \_\_\_\_\_

Other Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Special Requests: \_\_\_\_\_

T- Shirt Size:

**Youth S**  
(10-12)

**Youth M**  
(12-14)

**Youth L**  
(14-16)

**Adult S**  
(34-36)

**Adult M**  
(38-40)

**Adult L**  
(42-44)

**Adult XL**  
(46-48)

**Adult XXL**  
(50-52)

In consideration of participation in the CMN Challenger Sports Series, we hereby waive and release any and all claims for damages we may have or that my minor child \_\_\_\_\_ may have against the City of College Station Parks and Recreation Department, for any and all injuries suffered to my child while participating or practicing.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**WE NEED YOUR HELP!!!** If you are willing to help, please print your name below. A criminal background check is required for all coaches.

Please circle one:

Head coach

Assistant Coach

Buddy

Name: \_\_\_\_\_

T-shirt size: M L XL 2XL 3XL

Date of Birth (M/D/Y) \_\_\_\_\_ Gender: M F Drivers License #/State: \_\_\_\_\_

***Please Complete Back Page!***

THIS FORM WILL BE USED TO HELP THE CHALLENGER SPORTS COMMITTEE BETTER SERVE YOUR CHILD.  
PLEASE COMPLETE ENTIRELY – CHECK ALL BOXES THAT APPLY. THANK YOU!

### General Information

Full Name \_\_\_\_\_

Age \_\_\_\_\_

### Ambulation

- ☐ Walks Assisted      ☐ Walks Unassisted
- ☐ Walks Using ( ☐ Walker   ☐ Crutches ☐ Braces)
- ☐ Wheelchair ( ☐ Manual   ☐ Electric)
- ☐ Transfers ( ☐ Alone   ☐ Needs Assistance)

### Communication

- ☐ No Problems   ☐ Non-Verbal   ☐ Sign Language
- ☐ Limited abilities, but can communicate daily needs
- ☐ Communication Device \_\_\_\_\_

**Vision**   ☐ Normal   ☐ Limited   ☐ Blind   ☐ Glasses

### Hearing

- ☐ Normal   ☐ Deaf   ☐ Hard of Hearing   ☐ Hearing Aids

### Behavior

- No Problems
- ☐ Problems Triggered by \_\_\_\_\_
- \_\_\_\_\_
- ☐ Positive Reinforces \_\_\_\_\_
- ☐ Discipline:   ☐ Withhold Privileges
- ☐ Time Out ( \_\_\_\_\_ minutes)
- ☐ Other: \_\_\_\_\_

### Seizures

- ☐ None      ☐ One or two as a small child

Type \_\_\_\_\_

Last one \_\_\_\_\_

Usual Frequency \_\_\_\_\_

Usual Duration \_\_\_\_\_

Pre-Seizure Activity \_\_\_\_\_

Triggered by \_\_\_\_\_

\_\_\_\_\_

Medications \_\_\_\_\_

### Chief Diagnosis (LIST ALL e.g. Seizures, Asthma, MR, CP, A.)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

### Other Comments or Concerns:

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I, \_\_\_\_\_, understand that my child, \_\_\_\_\_, may not participate in a Challenger Sports Program until his/her application is completely filled out. I understand that it is my responsibility as the parent/guardian to update my child's application as needed. All information submitted to the Challenger Sports Series will be kept confidential among the Challenger Sports Committee and the City of College Station's Program Staff.

Parent/Guardian Printed Name \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_